

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

116

599

### 1. PLACE OF BIRTH

County

*Gila*

State *ARIZONA*

District or Township

*Line Aak*

or Village

City

*MIAMI, ARIZONA*

No.

*K-16 Line Aak Canyon St.*

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

### 2. Full name of child

*Camilo Castro*

If child is not yet named, make supplemental report, as directed.

### 3. Sex of Child

To be answered ONLY in event of plural births.

*male*

### 4. Twin, triplet or other

### 6. Legitimate?

*Yes*

### 7. Date

of birth

*Nov 7 1932*

Month Day Year

### 5. No., in order of birth

### 8. FATHER

Full name

*Camilo Castro*

### 14. MOTHER

Full maiden name

*Isabel Callas*

### 9. Residence

(Usual place of abode)

*MIAMI, ARIZONA*

### 15. Residence

(Usual place of abode)

*MIAMI, ARIZONA*

If non-resident, give place and state.

If non-resident, give place and state.

### 10. Color or race

*Mexican*

11. Age at last birthday (Years)

*32*

### 16. Color or race

*Mexican*

17. Age at last birthday (Years)

*26*

### 12. Birthplace (city or place)

(State or country)

*Mexico*

### 18. Birthplace (city or place)

(State or country)

*Mexico*

### 13. Occupation

*miner*

Nature of Industry

*Copper*

### 19. Occupation

*Housewife*

Nature of Industry

### 20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

### (a) Born alive and now living

### (b) Born alive but now dead

### (c) Stillborn

### 21. Were precautions taken against ophthalmia neonatorum?

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* at *11:10 P* m. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

*J. J. Miller*

*J. J. Miller, M.D.*

(Physician or midwife.)

Given name added from

supplemental report

Month, day, year

Address

*MIAMI, ARIZONA*

Registrar

Filed *Nov 15 1932*

*J. E. Irving*  
Registrar

336-1107-932